

Form# 135  
OP Form 004

Appendix C3

Page 3

## JUSTIFICATION FOR REQUEST/CHANGE OR RECOMMENDATION

INMATE NAME Shane Hopkins SBI# 253918

Mr. Hopkins wants to apply for interstate compact. He has been a discipline problem in the past. He had acquired many write-ups in State. In the past 6 months he has only received one 24. However, the MDT feels that a longer period of time is necessary with no more write-ups. He should try to get to medium compound before reapplying also. The MDT does not recommend interstate compact at this time. Vote 2-0

Recommended review date:

7/03

D00345

BOP FORM 004

III. **Institution Disciplinary History (summarize last 6 months - include dates, offenses, dispositions)**  
 11/1/01 - FTO, D/T Beh, CHSFH, Dist/Dam over 10 - 18 d CTA, 11/1/01 - FTO, D/T Beh - 7d CTA  
 11/1/01 - D/T Beh, Restraint, Dist/Dam over 10, FTO - 15 CTA, 11/14/01 - FTO - 9d LOAP  
 11/25/01 - FTO - 11d LOAP, 12/5/01 - FTO, CHSFH - 14d LOAP, 12/9/01 - FTO, CHSFH - 13d LOAP  
 2/16/02 - FTO - PNDC - Pending - 5d LOAP

IV. **Current Program Participation/Work Assignment** (Justification for Request/Change or Recommendation must be recorded on page 3.)  
 STEW program - 201 L V3

V. **Program Request/Change or Recommendation**  
 MDT Recommendation: Continue Maximum Security Complex  
 Housing/Security Level Continue Maximum Security Complex  
 Employment / On/Off Grounds /  
 Education / Treatment Program /  
 Work Release / Supervised Custody /  
 Halfway House Worker / Highway Work Project /  
 Other Recommendation: /  
 Furlough / To Visit: Name / Relationship /  
 Address /  
 Purpose of Visit /  
 Has inmate had prior participation in any program recommended? Yes / No /  
 Number of prior approvals for any program recommended /  
 Is exception to standards requested? Yes / No /  
 (If yes, give reason for exception) /

VI. **Victim Notification Information**  
 Offender's Release Address (if required) /  
 Name of Victim(s) /  
 Last Known Address of Victim /  
 Signature of Counselor [Signature] 4/1/02 Date Signature of Counselor Supervisor [Signature] 4/2/02 Date

**MDT Review**  
 MTD: Recommended ✓ Not Recommended / Vote 2-0  
 Signature of MDT Chairperson [Signature] 4-2-02 Date

**IBCC Review**  
 IBCC: Approved ✓ Disapproved / Recommended / Not Recommended / Vote 3-0  
 Signature of IBCC Chairperson [Signature] 4-4-02 Date  
 Comments /

**CICB Review**  
 CICB: Approved / Disapproved / Recommended / Not Recommended / Vote /  
 Signature of CICB Chairperson / Date  
 Comments /

**IRCB Review**  
 IRCB: Approved / Disapproved / Vote /  
 Signature of IRCB Chairperson / Date  
 Comments /

**Distribution After Final Committee Review**

Copy to: Classification  
 Institution File (original)  
 Special Programs Office (as required)

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## JUSTIFICATION FOR REQUEST/CHANGE OR RECOMMENDATION

INMATE NAME Hopkins, Shane SBI# 253918

Shane Hopkins is a 28 y/o offender serving a 16 yr Level 5 sentence for 8 counts of Burglary 2nd. Mr. Hopkins has had some significant behavioral issues as evidenced by his recent disciplinary history. To his credit Mr. Hopkins has not had a write-up since February. He has stated that he is ready to "quit the dumb stuff." Mr. Hopkins was encouraged to continue with his programming in the SHU and to continue with the appropriate behaviors.

MDT Recommends: Continue Maximum Security Complex - SHU program vote 2-0

Recommended review date: 4/03

D00347



TO: Shane Hopkins SBI# 253918FROM: Counselor McFadden DATE: 3/26/02

RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

       Shall remain at Level       

       Shall be downgraded to level        for the following reason(s):

       Failure to follow treatment plan

       Institutional behavior

       Criminal history

       Other       

✓        Shall be upgraded to Level 3 based on completion of your current treatment plan and your positive behavior.

Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.

#### TREATMENT PLAN

Accept responsibility; develop and display a positive attitude; exhibit positive behavior; comply with rules, orders and directives; develop and maintain cell and personal cleanliness; develop and maintain respect for self, others, and property; participate actively in individualized treatment plan which includes showing these behaviors AND completing the following programs: (Complete all that are checked)

*\* must remain write-up free*

       Anger Management

       Violence Reduction

       Decision-Making

       Sex Offender Treatment

       Values Training

✓        Journaling Assignments (5, 6, 7) *(Indiv Assg)*

       Conflict Resolution

       Mental Health

✓        Communication Skills

       Substance Abuse Education

       Education (Evaluate)

Inmate acknowledges receipt of the above information

Signed: Shane Hopkins Date: 3/27/02

Cc: Records/File  
Deputy Warden  
Counselor

Revised 7/01

D00348

**BUREAU OF PRISONS RECLASSIFICATION FORM #004****I. Vital Indicators/Sentencing Information**

Inmate Name Hopkins, Shane AKA none SBI No 253918 Date of Birth 10/5/73  
 Facility DCC Security/Custody Level max Housing Area SHU  
 Current Offense(s) Burglary 2nd - 80As

Level V Sentence: Year(s) 16 Month: X Day(s): X Truth in Sentence? Yes ☒ No ☐  
 Sentence Effective Date 3/7/95 STRD: 7/29/09 PE Date: N/A Parole Rehearing Date N/A  
 Mandatory Sentence: Year(s) X Month(s) X Day(s) X Level IV Sentence? Yes ☒ No ☐ Length 1yr HW  
 Detainer(s)? Yes ☒ No ☐ Agency NJ Open Charge(s)? Yes ☐ No ☒ 4204K? Yes ☐ No ☒ End Date of 4204K ☐  
 4205L? Yes ☐ No ☒ 4214B/Habitual Offender? Yes ☐ No ☒

**II. Prior Criminal History**

Escape History (List date, charge for which convicted, and location from which escape occurred):

12/90 - North Hampton Co PA

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):

none

DNA sample obtained? Yes unknown No ☐ (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

Current offenses

**DUI Information (Complete if inmate is serving a sentence for DUI)**

Has information been verified via Motor Vehicle Records? Yes ☐ No ☒ No. of DUI's ☐

Date(s) of offense(s): 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐

TO: Hopkins, Shane SBI# 253918FROM: Counselor Kramer DATE: 1/23/02

RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

☒ Shall remain at Level 2

☐ Shall be downgraded to level        for the following reason(s):

☐ Failure to follow treatment plan

☒ Institutional behavior

☐ Criminal history

☒ Other Write-ups

☐ Shall be upgraded to Level        based on completion of your current treatment plan and your positive behavior.

Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.

#### TREATMENT PLAN

Accept responsibility: develop and display a positive attitude: exhibit positive behavior:  
comply with rules, orders and directives: develop and maintain cell and personal  
cleanliness: develop and maintain respect for self, others, and property: participate actively  
in individualized treatment plan which includes showing these behaviors AND completing  
the following programs: (Complete all that are checked)

<input type="checkbox"/> Anger Management	<input type="checkbox"/> Violence Reduction
<input type="checkbox"/> Decision-Making	<input type="checkbox"/> Sex Offender Treatment
<input type="checkbox"/> Values Training	<input type="checkbox"/> Journaling Assignments
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Communication Skills	<input type="checkbox"/> Substance Abuse Education
<input type="checkbox"/> Education (Evaluate)	

Inmate acknowledges receipt of the above information

Signed: Shane Hopkins Date: 01/30/02

Cc: Records/File  
 Deputy Warden  
 Counselor

Revised 7/01

D00350



TO: Hopkins, Shane SBI# 253918  
 FROM: Counselor Kramer DATE: 12/7/01

RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

- ☐ Shall remain at Level \_\_\_\_\_
- ☐ Shall be downgraded to level \_\_\_\_\_ for the following reason(s):
- ☐ Failure to follow treatment plan
  - ☐ Institutional behavior
  - ☐ Criminal history
  - ☐ Other \_\_\_\_\_
- ☒ Shall be upgraded to Level 2 based on completion of your current treatment plan and your positive behavior.

Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.

#### TREATMENT PLAN

Accept responsibility; develop and display a positive attitude; exhibit positive behavior; comply with rules, orders and directives; develop and maintain cell and personal cleanliness; develop and maintain respect for self, others, and property; participate actively in individualized treatment plan which includes showing these behaviors AND completing the following programs: (Complete all that are checked)

- |   |  |
|---|--|
| <input type="checkbox"/> Anger Management     | <input checked="" type="checkbox"/> Violence Reduction         |
| <input type="checkbox"/> Decision-Making      | <input type="checkbox"/> Sex Offender Treatment                |
| <input type="checkbox"/> Values Training      | <input checked="" type="checkbox"/> Journaling Assignments 3-4 |
| <input type="checkbox"/> Conflict Resolution  | <input checked="" type="checkbox"/> Mental Health              |
| <input type="checkbox"/> Communication Skills | <input checked="" type="checkbox"/> Substance Abuse Education  |
| <input type="checkbox"/> Education (Evaluate) |  |

Inmate acknowledges receipt of the above information

Signed: Shane Hopkins Date: 12/7/01

Cc: Records/File  
 Deputy Warden  
 Counselor

Revised 7/01

D00351

000352



TO: Hopkins, Shane SBI# 253918  
 FROM: Counselor Kramer DATE: 7/11/01

17 AUG

RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

       Shall remain at Level       

       Shall be downgraded based on the following reason(s):

       Failure to follow treatment plan

       Institutional behavior

       Criminal history

       Other       

☒ Shall be upgraded to Level 3 based on completion of your current treatment plan and your positive behavior.

RECEIVED  
2001 JUL 17 AM 10 44  
D.C.C. RECORDS

Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.

#### TREATMENT PLAN

Accept responsibility; develop and display a positive attitude; exhibit positive behavior; comply with rules, orders and directives; develop and maintain cell and personal cleanliness; develop and maintain respect for self, others, and property; participate actively in individualized treatment plan which includes showing these behaviors AND completing the following programs: (Complete all that are checked)

<input checked="" type="checkbox"/> Education (Evaluation)	<u>      </u> Conflict Resolution
<u>      </u> Anger Management	<u>      </u> Mental Health
<u>      </u> Decision-Making	<u>      </u> Sex Offender Treatment
<input checked="" type="checkbox"/> Values Training	<u>      </u> Character Quality Training
<input checked="" type="checkbox"/> Communication Skills	<u>      </u> Relapse Prevention
<u>      </u> Violence Reduction	<input checked="" type="checkbox"/> Substance Abuse Education
<input checked="" type="checkbox"/> Journaling	

Inmate acknowledges receipt of the above information

Signed: Shane Hopkins Date: 7/11/01

Cc: Records/File  
Deputy Warden  
Counselor

D00353



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
TREATMENT OFFICE  
DELAWARE CORRECTIONAL CENTER

TO: Shane Hopkins

DATE: March 8, 2001

SBI: 00253918

FROM: D.C.C./I.B.C.C.

RE: **CLASSIFICATION**

On 3/8/01 the Institutional Based Classification Committee (I.B.C.C) classified you to the following:

X **SHU**

     **MHU**

The reason(s) for this classification: **Continuing pattern of disruptive behavior**

You have the right to appeal this decision. If you intend to appeal you should state your reasons for an appeal in writing to the Chairman of I.B.C.C. The I.B.C.C. will review the case and forward its recommendation to the Warden or his designee, who will act on the appeal and forward his decision to you.

**An appeal of M.S.U. classification must be received by I.B.C.C. within thirty (30) days of the I.B.C.C. decision to classify you to SHU or MHU.**

  
I.B.C.C. Chairperson

cc: Deputy Warden McGuigan.  
Transfer Office  
Counselor  
File

D00354